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10/30/2000

TITLE: Charity Care Policy		
Source: VP/Fiscal	Policy No.	Page 1 of 4
Areas Affected: Hospital Wide	Supersedes:	Cross Reference: Emergency Services Patient Access
Origination Date: 5/10/91	Revised: Minor Changes 10/00	Reviewed: 10/2000
Std/Reg.	Approved by: Jim Rowson	

I. PURPOSE

To define Harrison Memorial Hospital's role and responsibilities in relation to persons who are or may be unable to pay for services and to provide guidelines for administering charity care.

II. POLICY

- A. It is the policy of Harrison Memorial Hospital that no person will be denied needed hospital-based health care services, including emergency services, because of an inability to pay for such service.

Harrison Memorial Hospital will provide needed hospital services without charge, or at reduced charge, and without discrimination to those persons with no or inadequate means to pay for needed care.

B. Eligibility Criteria

Charity care is generally considered secondary to all other financial resources (collectively known as third-party coverage) available to the patient including:

1. Medical Insurance (group or individual medical plans)
2. Worker's compensation programs
3. Medicare
4. Medicaid
5. CHAMPUS/TRICARE
6. Other medical assistance programs
7. Other state, federal or military programs
8. Third party liability situations (such as automobile accidents or personal injuries)
9. Any other situation in which another person or entity may have a legal responsibility to pay for the costs of medical services.

C. Charity Level Determination

In situations where third party coverage is not adequate, patients shall be considered for charity care under this hospital policy based on the following criteria:

1. Full Charity

The full amount of hospital charges, after application of third party coverage, will be determined to be charity care for any patient whose gross family income is at or below 135% of the current federal poverty guidelines.

2. Partial Charity

A partial amount of hospital charges, after application of third party coverage, will be determined to be charity care for any patient who's gross family income is between 135% and 200% of the federal poverty guidelines.

a. Between 135% and 175% of the federal poverty guidelines:

Patient responsibility will be 50% of the remaining charges, with a maximum responsibility of \$1000.

b. Between 175% and 200% of the federal poverty guidelines:

Patient Responsibility will be 75% of the remaining charges, with a maximum responsibility of \$1500.

3. Additional Charity Considerations

Patients whose family income exceeds 200% of the federal poverty guidelines, and for whom payment of the full hospital bill after application of third party payment would produce severe financial hardship, may request consideration for charity care for a portion of the remaining bill.

Individuals requesting charity care under this section of the hospital's policy will be expected to provide a description of family assets, as well as the availability of such assets for the payment of hospital charges.

Hospital Patient Accounts personnel will review the patient's financial circumstances in determining the extent of charity care.

III. PROCEDURE

A. Identification of Potential Charity Care Patients

1. Initial Identification

- a. The hospital uses an application process for determining the initial interest in, and qualification for, charity care.*
- b. During the patient registration process or as soon as reasonably possible after registration, registration personnel furnish Charity Care applications when:
 - i) Requested by the patient
 - ii) When financial screening indicates a potential eligibility.
- c. Patients who decline applications, or choose not to apply, shall not be considered for charity care, unless other circumstances become known to the hospital.

* Services delivered at South Kitsap Urgent Care are not hospital based services, therefore, do not qualify for consideration of charity care eligibility.

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2. Initial Determination of Eligibility

- a. Based on written or verbal application for charity care, hospital Patient Accounts personnel make an initial determination of eligibility.
- b. Pending final eligibility determination, the hospital will not initiate collection efforts, provided that the patient or responsible party cooperates with the hospital in its efforts to reach a determination of charity eligibility status, including the return of applications and documentation within fourteen days of the initial request for charity care.

3. Final Determination of Eligibility

- a. Complete applications are reviewed by Patient Accounts personnel.
- c. Complete applications should be accompanied by documentation to verify income amounts indicated on the request form. One or more of the following types of documentation may be acceptable for purposes of verifying income.
 - i) W-2 withholding statements for all employment during the applicable time period.
 - ii) Pay stubs from all employment during the applicable time period.
 - iii) An income tax return from the most recently filed period.
 - iv) Forms either approving or denying eligibility for Medicaid and/or State funded Medical Assistance.
 - v) Forms approving or denying unemployment compensation; or
 - vi) Written statements from employers or welfare agencies.
- c. In the event that the responsible person's identification as a person eligible for charity care is obvious to the hospital personnel, and the hospital personnel are reasonable able to establish the position of the income level as indicated in the charity care policy. The hospital at its option may exercise the option to waive the documentation requirements described under 3b above.
- d. Time Frame

The hospital shall provide final determination within fourteen days of receipt of a complete application including documentation material. Should the determination indicate that less than the full amount of the account is to be charity care, the determination notice will indicate the amount for which the patient or responsible party will be held financially responsible.

B. Denied Applications for Charity Care

1. Denials will be written and include instructions for appeal or reconsideration. The patient or responsible party may appeal the denial of eligibility for charity care within thirty days by:
 - a. Providing additional verification of income or family size (to correct deficiencies in previously provided documentation) to the hospital Patient Accounts Supervisor.
 - b. Requesting that the Patient Accounts Supervisor review the denial and subsequent appeal with the Vice President Fiscal Services.

During the first fourteen days of this thirty day period the hospital will not refer the account to an outside collection agency, though such collection activities may be initiated after fourteen days.

2. In the event the decision on the appeal affirms the previous denial of charity care, the responsible party and the Washington State Department of Health will be notified in writing of the decision and the basis for it. The Department of Health will additionally be provided with copies of the application for charity care form and its supporting documentation.

IV. Documentation and Records

A. Confidentiality:

All information relating to the application will be kept confidential. Copies of documents that support the application for charity care form will be kept with that form.

B. Document Retention:

Documents pertaining to charity care shall be retained for 36 months.

V. Public Notification

The hospital's charity care policy shall be publicly available through the posting of a sign and the distribution of written materials indicating the policy to patients at the time that the hospital requests information pertaining to any third party coverage.

The hospital finds that no non-English version of these written materials need to be made available because it is not aware of any non-English language spoken by more than ten percent of the population within the Kitsap County area. Interpretations of such documents is available for non-English speaking or limited-English speaking persons.